

Student name: _____ Birthdate: _____ ICD – 9 code(s): _____ (primary)
School district: _____ Building: _____

Location of service: _____

(May bill for one round-trip per day when the student is in the vehicle, i.e. home to school and school to home. Number of miles must be the direct route. If the vehicle type is the same for each trip on one day, may record roundtrip miles, and check the vehicle type. If a different type of vehicle is used for each trip on one day, record the miles for each one-way trip, and check the vehicle type.)

[illegible][illegible]

Total escort time (RN) _____ (T2001)

Code

Total miles (each vehicle type):

Vehicle type:		Code	Total miles (each vehicle type):	Student attendance verified for these dates of service ____ (initials)
# 1	Standard school bus	A0110		
# 2	Lift accessible vehicle	A0130		
# 3	Specialized transportation - other	A0120		
# 3	Specialized transportation – volunteer, individual or family	A0090		

Service providers:

Signature	Initials	Position
Signature	Initials	Position